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FORM 3060 - DRIVERS EDUCATION INSTRUCTOR RECORD OF QUALIFICATIONS

Fee \$50

(Lines will expand as needed)

NAME OF INSTRUCTOR		DATE EMPLOYED	
NAME OF SCHOOL			
ADDRESS (LOCATION)			
CITY		STATE	ZIP

Arkansas Code Annotated § 6-51-601 et.seq. and Regulations require that instructors shall be qualified by education and/or work experience.

Drivers Education Instructors shall be qualified by meeting 1-6 and 7(a), (b) or (c). In section 7, mark the box indicating the statement that supports your qualifications.

(1)	Possess a valid Arkansas Drivers License – ATTACH A PHOTOCOPY OF CURRENT DRIVERS LICENSE;
(2)	Have not less than a high school diploma or a GED – ATTACH A COPY OF TRANSCRIPT, DIPLOMA OR GED CERTIFICATE;
(3)	Completed a recognized First Aid Class within the past three (3) years – ATTACH A COPY OF CERTIFICATE OR TRANSCRIPT SHOWING COMPLETION OF COURSE;
(4)	Be at least twenty-one (21) years of age – DRIVERS LICENSE WILL SHOW THIS;
(5)	Not have a suspended, canceled, revoked or denied drivers license within the past thirty-six (36) months – ATTACH A COPY OF YOUR DRIVING RECORD;
(6)	Not reflect more than eight (8) point violations on driving record – DRIVING RECORD WILL SHOW;

AND

(7)	<input type="checkbox"/>	(a)	Have a minimum of six (6) semester hours of drivers education training – ATTACH A TRANSCRIPT SHOWING 6 HOURS OF DRIVERS EDUCATION; OR
	<input type="checkbox"/>	(b)	Have a minimum of seventy-two (72) clock hours of drivers education – ATTACH A TRANSCRIPT OR CERTIFICATE SHOWING 72 CLOCK HOURS OF DRIVERS EDUCATION TRAINING; OR
	<input type="checkbox"/>	(c)	Have a minimum of seven (7) years of work experience directly related to the program being taught (such as, but not limited to: experience in law enforcement investigating accidents, etc).

EXPERIENCE THAT INCLUDES TEACHING, TRAINING, CLINICALS, INTERNSHIPS, EXTERNSHIPS, OR INSTRUCTING WILL NOT BE CONSIDERED AS WORK EXPERIENCE. LIST ALL PRIOR WORK HISTORY BEGINNING WITH THE MOST RECENT EXPERIENCES THAT ARE RELATED TO THE PROGRAM TEACHINGS.

PLACE OF EMPLOYMENT					
ADDRESS (LOCATION)					
CITY		STATE		ZIP	PHONE NUMBER
NAME UNDER WHICH EMPLOYED		START DATE (MM/YYYY)		END DATE (MM/YYYY)	
TITLE OF POSITION HELD			Supervisor's Name		
DESCRIBE WORK EXPERIENCE AS RELATED TO PROGRAM BEING PRESENTED					

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ADDRESS (LOCATION)					
CITY		STATE		ZIP	PHONE NUMBER
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TITLE OF POSITION HELD			Supervisor's Name		
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DESCRIBE WORK EXPERIENCE AS RELATED TO PROGRAM BEING PRESENTED					

STATEMENT OF COMPLIANCE

Under penalty of perjury, I declare and affirm that the statements made on this form and any attached sheets are true, complete, and accurate.

Printed Name of Official		Title	
Signature of Official		Date	